

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**0977937534**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				4			55						
6			1				56						
7				1			57						
8				1			58						
9				1			59						
10			1				60						
11				1			61						
12				1			62						
13				1			63						
14							64						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔	13	↔		↔	TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS			16				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS